

CHILD ADOPTION ASSESSMENT

Identifying Information

NOT TO BE RELEASED

Michigan Department of Human Services

"Click here and type agency name and address."

CHILD INFORMATION			
Child's Name		Permanent Custody Date/County	
Date of Birth	Court File Number		Date Referred for Adoption
Worker			DHS Case Number
Recipient ID Number			Report Date
PLACEMENT HISTORY			
Date of Placement	Name/Address		Type of Placement

"Click Here & Type"

PARENT INFORMATION			
Mother Name		Mother Relationship	
		<input type="checkbox"/> Birth Mother <input type="checkbox"/> Adoptive Mother	
Mother's Date of Birth			
Mother's Last Known Address			
Father Name		Father Relationship	
		<input type="checkbox"/> Birth Father <input type="checkbox"/> Adoptive Father	
Father's Date of Birth			
Father's Last Known Address			

SIBLING INFORMATION		Use this section to list siblings who are not included in the assessment.
Sibling Name	Date of Birth	
Legal Status	Name of Person Living With/Relationship (identify foster home)	
Last Known Address		

DATES OF CONTACT

Dates With whom (include Role/Position) Type (HV, TC, OC)

"Click Here & Type"

PROGRESS TOWARD ADOPTION

Recruitment Activities (if necessary)

"Click Here & Type"

Progress Toward Adoption

"Click Here & Type"

Barriers to Adoption/Action Steps to Overcome Barriers (e.g. appeal, competing party case)

"Click Here & Type"

Projected Date for Adoption

"Click Here & Type"

**NONIDENTIFYING INFORMATION
(THIS MATERIAL MUST BE SHARED)**
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Child's First Name	Date/Time of Birth
Place of Birth	City, County, State
Gender	Is Ward a Member or Eligible for Membership in a Tribe? (See ADM 630) <input type="checkbox"/> Yes <input type="checkbox"/> No

Events Leading to Permanent Wardship

"Click Here & Type"

Birth Parent's History

"Click Here & Type"

Child's History

"Click Here & Type"

Placement History

"Click Here & Type"

DESCRIPTION OF CHILD

Physical and Medical Assessment

"Click Here & Type"

Emotional Assessment

"Click Here & Type"

Social Assessment

"Click Here & Type"

Cognitive Assessment

"Click Here & Type"

Personality and Behavioral Assessment

"Click Here & Type"

Mental Health Diagnosis

"Click Here & Type"

Basis for DOC Rate, if applicable

"Click Here & Type"

Past and Current Important Relationships and Attachments

"Click Here & Type"

Child's Attitude, Preparation, and Readiness for Adoption

"Click Here & Type"

Information About Whereabouts of All Known Siblings (Non identifying only)

"Click Here & Type"

BEST INTERESTS CRITERIA

Special Physical, Emotional, and Educational Needs Which are Critical for the Placement Decision

"Click Here & Type"

Placement with or without Siblings

"Click Here & Type"

Placement with Relatives

"Click Here & Type"

Maintaining Continuity of Current Relationships

"Click Here & Type"

Religious Preference

"Click Here & Type"

Child's Wishes Regarding Adoption and Characteristics of Potential Adoptive Family

"Click Here & Type"

Other Factors Specific to This Child

"Click Here & Type"

Recommendation Regarding Adoptive Placement

"Click Here & Type"

Adoption Worker Signature

Printed Name Date

Adoption Supervisor

Printed Name Date

Date Submitted to DHS (POS Cases)

AUTHORITY: P.A. 288 of 1939, as amended, MCLA-710.27(5)	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
RESPONSE: Is Voluntary.	
PENALTY: None.	